U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to compty may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only READ THE INSTRUCTIONS CAREFUL READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT
1 File Number U 9646	2 Fiscal Year Covered From 1 / 2004 Through [2 / 3] / 2004
3 Name and address of person filing Name Frank B Zavala	4 Name file number and address of labor organization Name LABORERS' TUTERNATIONAL UNION OF NOATH AMERICA LOCAL # 300 Labor Organization File Number 02 4909
PO Box Bldg Room No if any	P O Box Building and Room Number if any
Street 515 SHATTO PLACE	Street SIS SHATTO PLACE
City LOS ANGELES	City LOS ANGELES
State ZIP Code + 4 QOO 2.0	State CA ZIP Code + 4 90020
5 Position in labor organization Field Representative / Additor	
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)	
A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of on represents or is actively seeking to represent
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income
Name	

Signature

7 b Amount

15. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

ZIP Code + 4

3*85* Telephone Number

Trade Name if any

Street

City

State

PO Box Bldg Room No If any

Name of Person Filling Frank B Zavala	File Number U-
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested	
8 Name and address of Business (Including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City ZIP Code + 4	9 Business deals with a Labor Organization b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received
	12 b Amount
	1 2 D Amount
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment
Name Trade Name if any	N/A
PO Box Bidg Room No if any 3 3 4 4 7	
Street * \$\frac{1}{2} \frac{1}{2} \frac{1}	
City	
State ZIP Code + 4	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment